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ANNUAL REPORT OF THE ADMINISTRATOR FOR 1992 AND PROGRAMME-LEVEL ACTIVITIES

The human immunodeficiency virus, the acquired immune deficiency syndrome and development

Report of the Administrator

SUMMARY

The present report highlights and comments on the analysis and recommendations of an external and independent assessment, undertaken by the UNDP Central Evaluation Office (CEO), of country-level programme activities to address the human immunodeficiency virus (HIV) epidemic. The assessment was requested by the Governing Council at its thirty-ninth session in decision 92/14 of 26 May 1992. The report also discusses other relevant assessments and reviews of policies and programmes of the UNDP HIV and Development Programme, as well as responsibilities, mandates and coordination within the United Nations system.

The CEO report, UNDP Support for the Global Programme on AIDS: The Country Perspective (An Assessment of the United Nations Resident Coordinator/UNDP Resident Representative), is available upon request.

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I. INTRODUCTION

1. The human immunodeficiency virus (HIV) epidemic continues to spread, virtually unabated. Governments and people are beginning to be faced by something beyond their experience, beyond their comprehension, which is as yet on few personal, communal or national agendas.

2. It is a baffling phenomenon for the spread of HIV is hidden and relentless, with long-term effects. Unless effective and sustainable action is taken, much of the world will be unrecognizable in the future. Those alive then will be deeply traumatized by loss and dramatic change - they will also be held accountable.

3. Figures such as the following have become common: one in every 250 adults is already infected with the virus; 13 million persons were infected during 1992 alone; more adults in certain African countries die of the acquired immune deficiency syndrome (AIDS) than of malaria; and one out of two teenage girls in seriously affected communities are infected with HIV. The first decade of the epidemic on record has seen a gap emerge between the capacity of developed and developing countries to build up the resources required to slow the spread of HIV and respond to its consequences.

4. Yet even among those who understand the dimensions of the epidemic, there remains a debate about what should be done to safeguard the future, to allow communities to survive and economies to continue to function, to prevent the spread of tuberculosis and to avoid the social disaster of a multitude of children without parents.

5. It is imperative that this debate be continued and expanded into all forums if effective and sustainable approaches to behavioural and attitudinal change are to be found. Care and support must be provided for those infected with HIV, as well as for their caretakers and their survivors.

6. The global objectives are, first, to ensure that these lessons and insights are accessible to those responsible for or committed to responding to the epidemic and, second, that the agents of change - leaders and activists working within the epidemic - be supported.

7. UNDP has made a modest but important contribution towards achieving these two critical global objectives. These efforts have been reviewed and evaluated over the last year.

8. The primary focus of this report is the analysis and recommendations of an external and independent assessment, undertaken by the Central Evaluation Office (CEO), of UNDP country-level programme activities that address the HIV epidemic. The assessment (referred to hereafter as the CEO report) was requested by the Governing Council at its thirty-ninth session in decision 92/14 of 26 May 1992. The present report also discusses other relevant assessments and reviews of the UNDP policies and programmes regarding HIV and development, as well as responsibilities, mandates and coordination within the United Nations system.

II. HIV AS A DEVELOPMENT ISSUE

9. The CEO report stressed the following points:

(a) "The HIV/AIDS ... problem is a major global development problem with potentially devastating consequences for developing countries;

(b) "Government perceptions of the HIV/AIDS problem are particularly important for UNDP and United Nations agencies. For, in large measure, country programmes are viewed as Government-owned and, thus, any new initiatives for indicative planning figure (IPF) funding must reflect the Government's priorities and interests;

(c) "Government and country responses to HIV/AIDS reflect a resistance to recognizing openly the pandemic as a development issue - in its causes, methods of prevention and implications - particularly during its early stages. They reflect a lack of appreciation of the existing and potential pervasiveness of HIV/AIDS. Governments are preoccupied with numerous other issues that clamour for attention such as economic and financial crises and reforms, drought, civil unrest, new democratic governments and persistent poverty."

10. UNDP has a leadership role in assisting Governments and others to increase their understanding of the development dimensions of the epidemic, the broader social, political and economic causes of its spread and the potential impact of this spread on all aspects of human development.

11. The UNDP analysis of the epidemic and its consequences shows clearly that every facet of human, social and economic life can be affected and that national programmes must have a synergistic focus between individuals, families, communities and Governments, an approach based on participation, discussion and support, and one which responds to the complex social and economic factors influencing people's lives. It rejects both the focus on individuals to the exclusion of their communities and the focus on HIV to the exclusion of, for example, poverty or gender.

12. This analysis is significantly different from one based on sectors and institutions. A similar analysis can be found in the CEO report, which argues that a compartmentalized, sector-based approach will not slow the spread of the epidemic.

13. A country's development choices, along with its cultural, religious and social mores, will influence the speed and pattern of the spread of HIV. In turn, where the virus spreads will determine how the epidemic will affect national development, weaken the national capacity to respond and foster conditions that facilitate the spread of the infection. Those countries that have or are developing participative, community-based institutions, strong social cohesion and adequate redistributive policies will find the epidemic much easier to overcome.

14. UNDP is expanding its capacity to assist countries to reconceptualize the epidemic as a development issue and to strengthen their understanding of its potential impact, through advocacy, discussion papers, seminars and training workshops. This reconceptualization is an essential precondition to the

development of multisectoral programme approaches to the epidemic. This work needs to be intensified, particularly in those countries that have yet to appreciate the dimensions and consequences of the HIV epidemic. UNDP will give special attention to those countries.

III. A MULTI-ACTOR, MULTIDIMENSIONAL APPROACH

15. As noted in the CEO report:

(a) "The term 'multisectoral' tends to obscure the major importance of private organizational roles in districts, villages and urban community groups [of local government], voluntary service organizations and businesses. These organizations are the most affected; but they are particularly well placed, given resources and guidance, for addressing both prevention, impact and consequences;

(b) "Work on promoting behavioural change has brought out the need for multidimensional approaches;

(c) "Non-governmental, community and business organizations ... are forcing a more forthcoming government response, while nervous about government controls."

The World Health Organization (WHO)/Global Programme on AIDS (GPA) further noted that "it should be recognized that people affected by the epidemic possess the key elements of response and should be involved at all levels".

16. There is an increasingly widespread acknowledgement of the need for a multisectoral response to the epidemic; but, as the CEO assessment points out, this term is drawn from a narrowly focused analysis of the nature of the required response based on the perspectives of various institutions. This analysis sees the initial response as beginning in a particular sector and moving on to other sectors.

17. In fact, throughout the world, the response to the epidemic has started with those most directly affected, wherever they work or live. What was initially a response to becoming infected is, more and more, an attempt to keep families, colleagues and communities uninfected and functioning.

18. This response, arising within groups and communities, now encompasses all dimensions of the epidemic. Sustaining, strengthening and expanding this response is the appropriate focus of a programme approach to the epidemic. Four partnerships or social contracts will need to be created to make this possible, partnerships between men and women; between those affected by the epidemic and those not yet directly affected; between communities and Governments; and between nations whose societies and economies are being undermined by the epidemic and those not so adversely affected. The address by the Director of the HIV and Development Programme to the High-level segment on coordination of the Economic and Social Council, 22 July 1992, expands on these partnerships.

19. Such a programme approach will, by its nature, involve those most affected by the epidemic. It will be capable of taking into account the complexity of

behavioural change and of support to those affected, locating the process of change within the community itself, while strengthening the institutional and sectoral infrastructure required for programme and policy development. The Memorandum of Understanding for the Implementation of the WHO/UNDP Alliance to Combat HIV/AIDS, signed in July 1992, assigns WHO and UNDP joint responsibility for the development of a programme approach, at the national and global level.

20. The UNDP HIV and Development Programme has placed importance on the creation and support of networks of key actors and key disciplines, in particular persons directly affected, the community-based organizations working with them, concerned religious leaders, lawyers and human rights experts and economists. Among those concerned are UNDP staff. It has been the experience of UNDP that the early implementation of the United Nations HIV/AIDS Personnel Policy has begun to create a supportive, non-discriminatory environment in which staff and their families are able to seek assistance. This, in turn, has increased awareness of the policy and development issues raised by the epidemic.

21. The CEO report and the report of the evaluation mission on development implications of HIV/AIDS in Asia and the Pacific (RAS/90/021) show that UNDP field offices are already playing an important role in mobilizing and supporting many of the key actors in the response to the epidemic: community-based organizations, non-governmental organizations (NGOs), the private sector, political and religious leaders and a wide range of government ministries. UNDP Resident Representatives will be asked to increase their efforts to draw other United Nations agencies and institutions and other donors into this important effort.

IV. UNDP PROGRAMME INITIATIVES

22. As regards the role of UNDP, the CEO report found:

(a) "What appears to be a lack of guidance from headquarters on how best to address the HIV/AIDs pandemic in UNDP programming. ... As the pandemic grows, clearer guidance will be required;

(b) "The important distinction in the [WHO and other] guidance documents lies in (i) addressing the AIDS threat (discovery, prevention and care) and (ii) addressing the consequences for a country's economic and social development. While the implications for United Nations roles and coordination functions are not spelled out, there appears to be, among some, an assumption that the latter is UNDP "territory" and the former that of WHO/GPA. In fact, they, and other United Nations agencies, are engaged in both dimensions;

(c) "The multisectoral dimensions of the HIV/AIDS programmes are particularly evident in interventions related to prevention through behavioural change, support for impacted households and communities and countermeasures for economic and social consequences. These interventions cannot be compartmentalized as they are interactive with effective prevention and behavioural change requiring, for example, household and community support and action on social and economic consequences;

(d) "UNDP programming for HIV/AIDS activities will be growing rapidly over the coming months and years."

23. If sustaining, strengthening and expanding the community response to the epidemic is the appropriate central focus of a programme approach, then radical changes are required in the orientation of national HIV/AIDS programmes and in the nature of the technical support available to them.

24. Within communities, prevention, care and consequences are intimately linked: community concern for the plight of a neighbour creates concern for one's own vulnerability and that of one's family. The emphasis shifts from surveillance to support for change, from information to discussion, from treatment to care and support and from monitoring an epidemic to surviving within it.

25. The lessons of the first decade indicate that approaches that separate prevention and care, that place the central focus on institutional development, that are sector-specific and that transmit educational messages rather than foster discussion have not significantly slowed the epidemic or minimized its adverse consequences.

26. Developing an effective and sustainable response to the epidemic in all its dimensions in each country or region will be a difficult task. There are few, if any, precedents, even in the health sector. The lessons indicate that what is required is a process of community and national mobilization within a supportive legal, human rights and policy framework. This approach invalidates the dichotomy between prevention and treatment on the one hand and social and economic consequences on the other. The expertise it requires includes development programming, community development, counselling, law, social welfare and planning. It will force a reconceptualization of traditional approaches to health, economics and sector-based development strategies.

27. It is not surprising, therefore, that UNDP HIV and Development Programme missions undertaken to date have been buffeted by differing conceptions of roles and responsibilities within the United Nations system and tensions between past approaches to the epidemic and more community-based approaches. The missions have been working with field offices in which the programming implications of General Assembly resolutions 44/211 and 47/199 are still unclear, which have limited understanding of the epidemic as a development issue and whose internal procedures require the initiation of processes to transform national capacity and understanding into project and programme documents. Nevertheless, a dialogue has begun with UNDP field offices and between UNDP field offices and national HIV/AIDS programme managers which is resulting increasingly in the incorporation of this new approach into national programmes.

28. A growing number of countries are turning to UNDP for advice and technical cooperation, particularly as they acknowledge the central role of communities and as they become concerned about the impact of the epidemic on society and the economy. UNDP has given priority to the provision of policy and programme support in the areas of attitudinal and behavioural change, the care and support of those affected and the maintenance of the infrastructure for community and national development. UNDP will accelerate its efforts to assist countries to strengthen their capacity to undertake assessments of the human, social and

economic impact of HIV infection and death and to determine necessary follow-up actions.

29. The rapid spread of the epidemic and the need to respond quickly makes traditional, longer-term approaches to programme development untenable. This imposes an imperative for immediate action. Special Programme Resources (SPR) are being used to develop new approaches to timely programme development in the fight against HIV. The primary focus is to draw out and disseminate what can be learned from ongoing activities at community, national and intercountry levels. These lessons will then be made available to field offices, programming missions, Governments and international bodies.

30. UNDP now has a significant body of knowledge, drawn from research, field assessments and key individuals, about effective approaches to the epidemic. It has become a key transfer point for the dissemination of such knowledge. This information also forms the basis of its operational guidelines and programme approach. The challenge facing UNDP and other institutions is to find ways to put into practice quickly these lessons and insights.

V. UNDP CAPACITY TO RESPOND TO THE EPIDEMIC

31. The CEO report noted that:

(a) "UNDP does not now have in the field the staff capacities to plan and administer an expanded programme for HIV/AIDS;

(b) "The priority assigned to the HIV/AIDS pandemic by the United Nations system and UNDP and the guidance on the role of the Resident Coordinators/Resident Representatives in addressing it have been uneven and unclear across the regions. The four regions of UNDP have interpreted available guidance differently and with different degrees of concern and priority. This has, in turn, affected how the Coordinators/Representatives have acted;

(c) "Awareness promotion, and the expectations it generates, is both relatively easy and dangerous if the more difficult task of implementation does not follow with rapid, effective responses."

32. It is important that UNDP strengths and resources be brought to bear on the epidemic. This includes its extensive network of field offices; its accumulated experience in all sectors of development; its neutrality; its coordination responsibilities; its extensive access to Governments, the private sector and NGOs; and its detailed knowledge of the political, social and economic history and institutions of a country.

33. Within these general areas of comparative expertise, UNDP carries out multiple functions with respect to the HIV epidemic. These functions create awareness and advocacy of the epidemic as a development issue and support effective and sustainable programme approaches, the provision of technical and financial assistance to national and intercountry efforts and the strengthening of national capacity for the coordination of external support and for resource mobilization. These are outlined in "The Policy Framework for the Response of UNDP to HIV/AIDS" (DP/91/57) and are expanded upon in a UNDP paper on the

coordination of HIV-related activities prepared for the High-level segment on coordination of the Economic and Social Council, July 1992. They are carried out within the policy framework of the WHO Global Strategy for the Prevention and Control of AIDS.

34. UNDP does not have an adequate capacity to assist countries and organizations to respond to the HIV epidemic in an appropriate and timely manner. The expertise does not exist as yet, as the epidemic is a new and complex phenomenon. Therefore, training UNDP staff, nationals and consultants has been an important focus of the interregional project to strengthen UNDP capacity to respond to the epidemic (INT/90/024).

35. A country-level training workshop on HIV and development has been developed and tested. It is designed to train a group of people at the national level, including UNDP and other United Nations staff, to view the epidemic as a development phenomenon and to understand its policy and programme requirements. Issues papers, reference materials and a bibliographic service are now available. Guidance has been provided to all field offices on coordination and personnel issues. Programming workshops have been held with the Resident Representatives in the Asia and Pacific and Latin America and Caribbean regions.

36. The WHO/UNDP Memorandum of Understanding marks an important transition for UNDP, from a responsive role in HIV programme financing to active involvement in the development, implementation and evaluation of a multidimensional programme. The UNDP policy framework (DP/1991/57) anticipated this transition and remains an adequate framework for UNDP work in this area. As administrative and leadership arrangements and institutional roles within the United Nations system evolve further, the framework will be reviewed and refined.

37. It is clear, however, that much more than awareness and understanding of HIV programme approaches and priorities is required. Further programme support is needed throughout UNDP, particularly in its field offices, in order to integrate efforts to halt the epidemic into all aspects of development assistance and to provide specific support to the creation of multidimensional national HIV/AIDS programmes. UNDP will continue to expand its efforts to recruit and train staff, particularly in its field offices, to develop a pool of trained consultants and to provide policy and programme guidance.

38. UNDP will be devising an approach for the rapid provision of technical cooperation which can meet an expanding demand, in all regions, and which can draw on and disseminate the lessons and insights learned in the process. Such an approach will be labour-intensive and will require human resources development. At the same time, the ability of field offices, other UNDP units and specialized agencies to work with, learn from and support such assistance must be established.

39. This approach will ensure that the ability of UNDP to work collaboratively with other agencies in the United Nations system, WHO in particular, and with other donors will be strengthened.

VI. COORDINATION

40. The CEO report concluded that:

(a) "The HIV/AIDS pandemic, in its requirements for coordination, presents a relatively unique situation. On the one hand, it is in many ways an emergency like famines or natural disasters requiring immediate assistance. ... On the other hand ... HIV/AIDS is a long-term development issue that can seriously complicate all aspects of a country's development efforts. ... In time, HIV/AIDS requires the involvement of people and organizations in all sectors - public and private - a task of major proportion comparable to the management of development generally;

(b) "The coordination task is also demanding because other donors and United Nations agencies are not easily guided. They are competitive and have special interests, requirements, procedures and governmental relationships. They are, however, willing to cooperate where coordination leadership is competent and facilitative and policies, strategies and objectives are clear. This situation places a distinct demand on government coordination units and should, in turn, on the United Nations Resident Coordinators/UNDP Resident Representatives."

41. Coordination is a national function and responsibility. The United Nations system in general and UNDP in particular have an important supportive and national capacity-building role to play.

42. Both the CEO missions and the WHO/GPA missions to assess HIV/AIDS coordination at the country level found many examples of positive and constructive efforts to coordinate activities, often under difficult circumstances. It is clear that many Resident Representatives/Resident Coordinators are taking an increasingly active role in assisting Governments in these efforts, but further leadership is urgently required.

43. In a number of countries, Gabon, Ghana and Uganda, for example, the Government has invited UNDP to take the lead in the coordination of all external support. WHO has the main responsibility to advise on technical matters within its area of expertise. In Botswana and Thailand, the Government has taken direct responsibility for donor coordination. In other countries, UNDP and WHO provide collaborative leadership.

44. At the same time, a lack of coordination has been identified as a critical constraint to national HIV/AIDS programme management. A number of contributing factors were identified: a lack of participatory and collaborative approaches among many external support agencies; the superficiality of some coordination meetings; alienation from or criticism of the medium-term plan preparation and approach; distrust between Governments and NGOs; and a lack of agreement on leadership and membership of coordination arrangements.

45. Both reports conclude that effective coordination depends on leadership, a shared vision and participatory and inclusive processes, rather than on predetermined or imposed mechanisms. The national coordination structure must have the status and the mandate to mobilize all participants and should serve as

a genuine forum for discussion, negotiation and support of strategies and programme directions.

46. The CEO report concludes that as the HIV epidemic grows and donor involvement increases, coordination will become more critical and the UNDP Resident Representative and the United Nations system should be in a position to take a supportive leadership role. All external support agencies, including bilateral donors, and all national actors should be a part of the process of developing and coordinating a multidimensional national programme approach.

47. In 1992, there was increasing cooperation among the agencies and institutions in the United Nations system. The various coordination mechanisms within the United Nations were streamlined and the Inter-Agency Advisory Group on AIDS was revitalized and accepted as the central coordination mechanism.

48. UNDP and WHO have held regular meetings to brief one another on programmes, to discuss and assess emerging or faltering approaches and to ensure complementarity of assistance. The WHO/UNDP Memorandum of Understanding, signed in July 1992, acknowledges and institutionalizes the joint role of UNDP and WHO in global and national multisectoral policy development and programming. The Memorandum was sent to all field staff of both organizations and distributed widely at headquarters. An important task for both organizations is to establish mechanisms, procedures and practices to ensure its implementation. UNDP will work more actively to strengthen national capacity to develop comprehensive, community-oriented national programmes and to coordinate their support.

VII. THE ROLE OF THE UNITED NATIONS

49. The CEO report examined the role of the United Nations and concluded:

(a) "The United Nations system of agencies in the developing countries is not in a position to provide the leadership and support that the countries will require to address the HIV/AIDS pandemic;

(b) "A coordinated strategy at the field level to define respective United Nations agency roles ... is not evident and, for Governments and other donors, the United Nations agencies are considered separate and independent donors;

(c) "It would ... seem desirable for the United Nations in each country to have a unified strategy consistent with that of Governments or, where the latter is lacking, lead the way. The development of such a unified strategy by the United Nations agencies in-country would help to ensure that each contribution is complementary, gaps are identified and addressed and common approaches are followed for cross-cutting concerns."

50. The HIV epidemic was first identified and described in terms of morbidity and mortality. Even the link between sexuality and the disease was not traced for some years. By then, the framework for discussion had been established and the medical profession given a leading role. This resulted, in 1987 and subsequently, in the General Assembly designating WHO as the lead agency responsible for directing and coordinating the global battle against HIV/AIDS.

51. However, if the causes and impact of the epidemic had been known earlier, the institutional arrangements and programme approaches and priorities would have been established differently and more broadly. This is the task with which tne international community is now struggling, and which requires continuing consultation and negotiation.

52. This task has itself been further affected by initiatives occurring over the same period to restructure the United Nations system, to reorient its operational activities (General Assembly resolutions 44/211 and 47/199) and, within UNDP, to re-evaluate its role and re-emphasize human development. UNDP now has more focused programme objectives and expects more active and effective participation by those receiving UNDP funding.

53. In the fight against HIV, there is an urgent need to mobilize the United Nations system as a whole and to bring its expertise to bear. Inevitably the epidemic will adversely affect labour markets, agricultural production, tourism, civil aviation and industrial development, as well as health, education and social welfare. It will also affect political stability, strategic security, international human rights law and humanitarian affairs. If the United Nations system is to remain relevant, it must have both adequate institutional arrangements and the technical capacity to respond to all these and many more dimensions of the epidemic.

54. UNDP is playing a central role in building and strengthening the entire United Nations system's capacity to respond to the epidemic. Discussions are under way with the United Nations Secretariat, the Security Council and other key bodies in an attempt to create awareness of the issues. The Secretary-General made an important statement to the General Assembly on World AIDS Day 1992. The Regional Bureau for Africa is using Technical Support Services (TSS-1) funds to build wider partnerships within the United Nations system through strengthening the capacity within the Food and Agriculture Organization of the United Nations (FAO) and the International Labour Organisation (ILO) to provide technical cooperation in their areas of expertise.

55. As international and regional financial institutions become more involved in this area, UNDP is initiating a global discussion on the appropriate and effective use of loan financing in response to the epidemic and on the mechanisms and complementary forms of assistance required to maximize the impact of loan financing at the country level.

56. The reconceptualization of the roles, responsibilities and mandates of the operational institutions and agencies of the United Nations system is an important part of the task facing the international community. A clarification of the role of UNDP at the country level will enable the development of appropriate administrative arrangements and institutional roles.

57. The CEO report was preceded by an external review by WHO/GPA and by the report of the Ad Hoc Working Group of the GPA Global Management Committee. The findings of these reports made important contributions to the global discussion and were accepted and built upon by the CEO assessment. They recommend that WHO, along with other agencies, be supported to provide the technical policy support and programme guidance required by ministries of health and to provide

advice on health-related matters in HIV-related activities initiated by other ministries.

58. The reports argue that greater attention be given to other actors, particularly community organizations and NGOs, to strengthen their ability to respond to the epidemic. In these areas, the United Nations system should provide constructive support and leadership, drawing on WHO expertise in health-related policies and practices. As recommended in the CEO assessment, it is critical that support for developing a national capacity for coordination be a primary task for the Resident Coordinator/Resident Representative, both as the country coordinator for the United Nations system and as UNDP programme manager.

59. The CEO assessment also supports the desirability of drawing together all HIV-related assistance of the United Nations system into a unified country strategy. More will be needed than coordination meetings. A transition must be made from the initial focus on non-duplication of United Nations system support for national programmes to shared responsibility. There must be increased understanding of the epidemic's potential impact on personal and professional life. A consensus must be reached on the most effective and sustainable approaches to the epidemic in each country. The human and financial resources and the diversity of experience and expertise within the United Nations system and from other donors must be mobilized in a synergistic way in support of the national response.

60. The continuing rapid spread of the epidemic will impose its own imperative for such changes. However, the international community cannot wait for this to happen. The changes in operational activities demanded for and by the United Nations should be implemented in this area. The United Nations system must take the initiative in finding effective and sustainable responses to this global crisis.

VIII. CONCLUSION

61. The reports called for by the Management Committee of the WHO Global Programme on AIDS and by the UNDP Governing Council, together with the WHO/UNDP Memorandum of Understanding, provide a basis for making the critical and urgent decisions on the administrative arrangements and institutional roles within the United Nations system most appropriate at this stage of the global epidemic. Once established, these arrangements will need to be reviewed as the extent and the nature of the epidemic change over time.